



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
GEOLOGICAL SURVEY AND RESOURCE ASSESSMENT DIVISION  
WELLHEAD PROTECTION SECTION  
**INVESTIGATION REQUEST**

P.O. BOX 250  
ROLLA, MO 65402-0250  
PHONE: (573) 368-2165  
FAX: (573) 368-2317

OWNER INFORMATION		FOR OFFICE USE ONLY	
OWNER NAME		DATE RECEIVED	
OWNER ADDRESS		DATE ASSIGNED	
CITY	ZIP CODE	ASSIGNED TO	
HOME PHONE			
WORK PHONE			
<b>PERSON REQUESTING INVESTIGATION IF DIFFERENT THAN OWNER</b>			
NAME			
ADDRESS			
CITY		ZIP CODE	
HOME PHONE		WORK PHONE	
DRILLER		DATE WELL WAS DRILLED	
PUMP INSTALLER		DATE PUMP WAS INSTALLED	
COUNTY	SEC: _____ TWN: _____ RNG: _____		
Did you receive a certification form from contractor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Reference Number: _____			
Have you contacted the well/pump contractor on this issue? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have they attempted to remedy the situation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was there an abandoned well on the property? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the well plugged? Yes <input type="checkbox"/> No <input type="checkbox"/>			
How many holes were drilled? _____ Any left open? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you had a bacteria test done? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>STEPS TO BE COMPLETED, IF APPLICABLE, BEFORE SUBMISSION OF THIS FORM.</b>			
<b>1. Please attach a copy of the bacteria test taken, if no test was taken, please contact your county health department or sanitarian to arrange for a water sample to be taken prior to submitting this form.</b>			
<b>2. Please attach a copy of the invoice (or bill) you received from the driller and pump installer.</b>			
<b>3. Include a copy of your certification form from your driller and/or pump installer, if available.</b>			
<b>4. On the opposite side of this form, please make a written statement detailing the problems you are experiencing.</b>			

